PTO/SB/22 (12-04)
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PETITION TABLE TENSION OF TIME UNDER 37 CFR 1. FY 2005	.136(a) Docket Number (Optional) 449122081600
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.	
Application Number 10/539,576	Filed June 17, 2005
For ELECTROMAGNETIC ACTUATOR	
Art Unit 2832	Examiner R. M. Barrera
This is a request under the provisions of 37 CFR 1.136(a) to e identified application.	· · · · · · · · · · · · · · · · · · ·
The requested extension and fee are as follows (check time pe	eriod desired and enter the appropriate fee below):
<u>Fee</u>	Small Entity Fee
One month (37 CFR 1.17(a)(1)) \$12	20 \$60 \$ 120.00
Two months (37 CFR 1.17(a)(2)) \$45	\$ \$225
Three months (37 CFR 1.17(a)(3)) \$102	20 \$510 \$
Four months (37 CFR 1.17(a)(4)) \$159	90 \$795 \$
Five months (37 CFR 1.17(a)(5)) \$216	\$ \$1080
Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.	
I am the applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
x attorney or agent of record. Registratio	on Number43,148
attorney or agent under 37 CFR 7.34. Registration number if acting under 37 CFR 1.34	
1 2 5	October 2, 2006
Signature	Date
Kevin R. Spivak	(703) 760-7762
Typed or printed name	Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	

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PTO/SB/17 (01-06)
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Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/539,576 FEE TRANSMITTAL Filing Date June 17, 2005 For FY 2006 Martin BÖTTCHER First Named Inventor **Examiner Name** R. M. Barrera Applicant claims small entity status. See 37 CFR 1.27 2832 Art Unit TOTAL AMOUNT OF PAYMENT 449122081600 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 500 200 100 300 150 250 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. 43,148 (703) 760-7762 Signature Telephone (Attorney/Agent) Name (Print/Type) Kevin R. Spivak October 2, 2006